



公眾責任保險索償表格

PUBLIC LIABILITY INSURANCE CLAIM FORM

保單資料 Insurance Policy Details						
保戶名稱 Name of Insured			保單編號 Policy No.			
商業登記証號碼/身份証號碼 Business Registration No. / Identity Card No.			行業 / 職業 Trade / Occupation		聯絡電話 Contact Tel No.	
地址 Address			電郵 E-mail			
索償資料 Particulars of Claim						
(1) 事故發生的日期及時間 Date and time of incident			日 DD	月 MM	年 YY	時間 Time: 上午 am 下午 pm
(2) 事故發生的地點 Place of incident						
(3) a. 事故的詳情 Description of incident			a. _____			
b. 您是否已向警方報案? Have you reported the incident to police? 如“是”,列明報案的警署及報案編號 If “Yes”, state which Police Station and the police report no.			b. 否 No 是 Yes			
(4) a. 您是否就是次事故向其他保險公司索償? Are you entitled to claim under any other insurance policies in respect of this incident?			a. 否 No 是 Yes			
b. 如“是”,列明保險公司的名稱,保單編號及索償保障項目 If “Yes”, state the name(s) of insurance company(ies), respective policies numbers and details of benefits.			b. _____			
(5) a. 您以往是否遇過類似性質的事故? Have you ever experienced similar nature of incident?			a. 否 No 是 Yes			
b. 如“是”,列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).			b. _____			

(6) a. 在事故發生時,是否已作出任何安全措施? Has any precautionary measures been taken at the time of incident? 如“是”,提供詳情 If “Yes”, give details. b. 在事故發生後,是否已作出任何應變措施以減低損失? Following the incident, has any remedy work been taken to minimize the loss? 如“是”,提供詳情 If “Yes”, give details.	否 No	是 Yes
	否 No	是 Yes

總承辦商或承辦商資料 Particulars of Main Contractor or Contractor			
在事故發生時,是否有以合約形式的工作在進行中? Is there any work by contract undertaken at the time of incident?	否 No	是 Yes	如“是”,提供詳情如下: If “Yes”, give details as below:
名稱 Name _____	行業 Trade _____	聯絡電話 Contact Tel No. _____	
地址 Address _____			
總承辦商 / 承辦商是否就是次事故向其保險公司索償? Is the main contractor or contractor entitled to claim under their respective insurance policy in respect of this incident?	否 No	是 Yes	如“是”,提供詳情如下: If “Yes”, give details as below:
保險公司名稱 Name of insurance company _____	保單編號 Policy No. _____		
是否已與總承辦商 / 承辦商定立任何合約上的協議? Is there any contractual agreement made with the Main Contractor / Contractor?	否 No	是 Yes	
如“是”,根據協議由誰負責投購第三者保險? If “Yes”, who shall be responsible for the insurance coverage against liability for third parties? _____			

第三者資料 Particulars of Third Party				
索償人姓名 Name of Claimant	年齡 Age	性別 Sex	職業 Occupation	聯絡電話 Contact Tel. No.
地址 Address				
受傷的性質及程度 Nature and extent of injury	財物的資料及受損程度 Description of property and extent of damage			索償金額 Claimable amount
您是否已向第三者承認責任? Have you in any way admitted liability to the claimant?	否 No	是 Yes	如“是”,說明詳情 If “Yes”, state details _____	
您是否已接到第三者索償要求? Have you received any claim from third party?	否 No	是 Yes	如“是”,說明詳情 If “Yes”, state details _____	
目擊証人資料 Particulars of Eye Witnesses				

姓名 Name

電話 Tel. No.

地址 address:

1.

2.

聲明 DECLARATION

本人 / 吾等聲明，本人 / 吾等已填報一切必要的資料，絕對正確，並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需，並可能使用於下列目的：i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；ii) 任何索償，或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes.

支付經紀佣金 PAYMENT OF BROKER COMMISSION

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意，才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

日期 Date

保戶簽署 Signature of Insured

一般所需索償文件
General Required Claims Documents

1. 事故報告
Incident Report
2. 警方報告
Police report
3. 証人向警方錄取的口供紙副本
Copy of statement made to the Police by the witness
4. 與總承辦商 / 承辦商定立的合約協議條款副本
Copy of the relevant insurance policy effected by the main contractor / contractor
5. 總承辦商 / 承辦商購買的相關保險的保單副本
Copy of the contractual agreement made with the main contractor / contractor
6. 任何已收到的第三者索償文件
Any correspondences received from the third party

注意事項
Important Note

倘若您收到第三者索償文件,法庭令狀及傳票,請勿回覆並盡快提交保險公司處理,否則您的保障權益將會受到影響。

Should you receive any correspondences from third parties, summons and writs, please forward the same unanswered to us as soon as possible. Otherwise, your right of indemnity will be prejudiced.